



Secretary of State
Statement of Information
 (California Nonprofit, Credit Union and
 General Cooperative Corporations)

SI-100

121

FILED

Secretary of State
 State of California

NOV 18 2021

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee — \$5.00 plus copy fees

1. **Corporation Name** (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

CASWELL CONDOMINIUM ASSOCIATION, INC.

MF

This Space For Office Use Only

2. **7-Digit Secretary of State File Number**

C0867179

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

4730 WOODMAN AVE # 200

City (no abbreviations)

SHERMAN OAKS

State

CA

Zip Code

91423

b. Mailing Address of Corporation, if different than item 3a

City (no abbreviations)

State

Zip Code

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. **Chief Executive Officer/**

First Name

Middle Name

Last Name

Suffix

Osama (Sam)

Lutfi

Address

City (no abbreviations)

State

Zip Code

16030 Ventura Blvd #240

Encino

CA

91436

b. **Secretary**

First Name

Middle Name

Last Name

Suffix

Sunny

Parker

Address

City (no abbreviations)

State

Zip Code

11901 Santa Monica Blvd Suite 533

Los Angeles

CA

90025

c. **Chief Financial Officer/**

First Name

Middle Name

Last Name

Suffix

Asmita

Devani

Address

City (no abbreviations)

State

Zip Code

12629 Caswell Avenue D-1

Los Angeles,

CA

90066

5. Service of Process (Must provide either Individual OR Corporation.)**INDIVIDUAL** — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)

JULIET

Middle Name

Last Name

GILLIS

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

4730 WOODMAN AVE # 200

City (no abbreviations)

SHERMAN OAKS

State

CA

Zip Code

91423

CORPORATION — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 5a or 5b

6. Common Interest Developments

☒ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The Information contained herein, including in any attachments, is true and correct.

11/9/21

JULIET GILLIS

ADMINISTRATOR

Date

Type or Print Name of Person Completing the Form

Title

Signature